EXPLORE THE IMPACT OF RESILIENCE OR WORK-LIFE BALANCE ON SUPERVISOR OR GENDER

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Objectives
Medical practitioners with burnout or tiredness may cause poor medical care. The imbalance between work and life also causes medical errors. The female workers often have multiple identities especially, therefore, the work-life balance becomes more important. To understand whether the resilience and work-life balance have an impact on female supervisors.

Results
There were no differences of teamwork, safety climate, job satisfaction, perception of management, working condition, and stress recognition among the four groups, but there was a significant difference between the “resilience” and “work-life balance”. The positive response percentage of resilience for female was much lower than the male’s (p<0.01). Especially the dimension of “work-life balance”, the female supervisor’s positive response percentage was lower than the male supervisor’s (p<0.01), the male non-supervisor’s (p<0.01), and female non-supervisor’s (p<0.01).

Methods
The data was collected from the Taiwan Patient Safety Culture Survey (TPSCS) and patient safety reporting survey from 2014-2016. Total 213,869 data were collected, and the six dimensions of Safety Attitude Questionnaire (SAQ) were teamwork, safety climate, job satisfaction, perception of management, stress recognition, and working conditions. Since 2013, Dr. Sexton’s revision SAQ questionnaire added the dimensions of burnout and work-life balance (named Safety Assessment: Frontline Perspectives from this Work Setting). First, the score of each question was calculated, and the average score of each dimension was switched from 0 to 100 points. The data was classified into male, female, supervisor, and non-supervisor. To explore the differences of resilience and work-life balance positive response percentage between the four groups. ANOVA (one way analysis for variance) and post hoc tests were used. The level of statistical significance was set at p<0.05.

Table 1

\begin{tabular}{|c|c|c|c|c|}
\hline
                   & 2014 & 2015 & 2016 & p-value \hline
Resilience        & 24.52 & 16.36 & 14.33 & 0.00 \hline
Work-life balance & 53.11 & 57.99 & 46.16 & 0.00 \hline
Safety Climate    & 71.66 & 60.95 & 74.05 & 0.00 \hline
Safety Climate    & 67.67 & 55.53 & 71.24 & 0.00 \hline
Satisfaction      & 69.81 & 55.56 & 67.01 & 0.00 \hline
Stress Management & 64.40 & 51.17 & 63.03 & 0.00 \hline
Working Climate & 73.74 & 56.35 & 72.13 & 0.00 \hline
Teamwork           & 71.44 & 51.28 & 70.46 & 0.00 \hline

Table 2

\begin{tabular}{|c|c|c|c|c|}
\hline
                   & 2015 & 2016 & p-value \hline
Resilience        & 24.52 & 14.33 & 0.00 \hline
Work-life balance & 53.11 & 51.46 & 0.00 \hline
Safety Climate    & 71.66 & 64.22 & 0.00 \hline
Safety Climate    & 67.67 & 51.28 & 0.00 \hline
Satisfaction      & 69.81 & 51.17 & 0.00 \hline
Stress Management & 64.40 & 51.17 & 0.00 \hline
Working Climate & 73.74 & 56.35 & 0.00 \hline
Teamwork           & 71.44 & 51.28 & 0.00 \hline

Conclusion
The results showed that female have a lower positive response percentage of “resilience” and “work-life balance” whether they are supervisors or not. Especially the female supervisor’s positive response percentage was the lowest. Therefore, they need to be cared appropriately in order to have better healthcare quality.

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Figure 1

Figure 2

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